

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549289

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1	3				
7	1					
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18	1					
19	1					
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27	1					
28	1					
29	1					
30		2				
31		2				
32		0				
33		0				
34		0				
35		0				
36		0				
37	1					
38	1					
39	1					
40		2				
41		2				
42		0				
43		0				
44		0				
45		0				
46		0				
47	1					
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60		0				
61		0				
62		0				
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98						
99						
100						
TOTAL IND.	23					
TOTAL DEP.	52					
TOTAL CLAIMS	75					